

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

Serial No.

Filing Date

10/58018

Applicant

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT			AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							S1						
2							S1						
3							S3						
4							S4						
5							S5						
6							S6						
7							S7						
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43							S43						
44							S44						
45							S45						
46							S46						
47							S47						
48							S48						
49							S49						
50							S50						
TOTAL IND.							↓						
TOTAL DEP.							↓						
TOTAL CLOS.							←	20	←	20	←	20	←